(Modified) PTO/SB/21 (698)
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λ		Application Number	09/482,181			
TRANSMITTAL	•	Filing Date	January 12, 2000			
(to be used for all correspondence after initial filing)		First Named Inventor	Daniel Esbensen			
		Group Art Unit	2613			
		Examiner Name	An, Shawn S.			
Total Number of Pages in This Submission	13	Attorney Docket Number	500-002220US			

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Total Number of Pages	in This Submission 13	Attorney Docket Numbe	500-002220US			
	ENCLO	SURES (check all that ap	oly)			
X Fee Transmittal For		nment Papers Application)	After Allowance Communication to Group			
Fee Attached	Drawii	ng(s)	Appeal Communication to Board of Appeals and Interferences			
X Amendment / Resp	oonse Licens	ing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petitio and A	n Routing Slip (PTO/SB/69) ccompanying Petition	Proprietary Information			
Affidavits/de	70.0., -0.0(0)	n to Convert to a ional Application	Status Letter			
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Document(s)	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with					
Response to Missi Incomplete Applica	this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.					
	Response to Missing					
Parts under	37 CFR	_				
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	SIGNATURE OF APPL	ICANT, ATTORNEY, OR	AGENT			
Firm or Individual name	hen J. LeBlanc; Reg. No.	36,579, Quine Intellectua	al Property Law Group, P.C.			
Signature	W. I. B.					
Date	1 / Ju	1y2002				
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Signature Jacie Brooks

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Complete if Known					
Application Number	09/482,181	\ C			
Filing Date	January 12, 2000				
First Named Inventor	Daniel Esbensen				
Examiner Name	An, Shawn S.	-7			
Group / Art Unit	2613				
Attorney Docket No.	500-002220US				

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101 740 201 370 Utility filling fee	119	320	219 16	0	Notice of Appeal			
106 310 206 155 Design filling fee	120	300	220 15	50	Filing a brief in su	pport of an app	eal	
108 690 208 345 Reissue filing fee	121	260	221 13	30	Request for oral h	earing		
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or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	1			80	Submission of Inf	ormation Disclo	sure Stmt	1
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102 84 202 42 Independent claims in excess of 3	149	690	249 3	45	For each addition	al invention to l	00	
104 280 204 140 Multiple dependent claim, if not paid					examined (37 CF	R 1.129(b))		
109 78 209 39 "Reissue independent claims over original patent	Other	r fee (sp	oecify)					1
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SUBMITTED BY						Comple	ete (it apoli	cable)
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Printed Name Stephen 3.	7				1-11	Deposit Acc	count	
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I hereby certify that this correspondence is being envelope addressed to: Assistant Commissioner for							first class	mail in an
Typed or Printed Name Tracie Brooks								
Signature Chair Oct	all.					Date	7-1.	-0Q
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